MEDICAL CONTROL GUIDELINE: TRANSCUTANEOUS PACING

PRINCIPLES:

- 1. Transcutaneous Pacing (TCP) provides temporary external cardiac pacing for the treatment of symptomatic bradycardia in patients 15 years of age and older.
- 2. TCP should not be initiated on patients in asystole.
- 3. Do not delay TCP for IV access if the patient has poor perfusion.
- 4. Strongly consider sedation for pacing discomfort. Refer to Reference No. 1212, Symptomatic Bradycardia (Adult) Treatment Protocol, for drugs and dosages.
- 5. All TCP equipment must be used and maintained in accordance with the manufacturer's guidelines.

GUIDELINES:

- 1. Explain the procedure to the patient, family member, and/or caregiver.
- 2. Place pacing electrodes/pads and attach the pacing cable according to the manufacturer's guidelines.
- Activate the pacing device, set the initial pacing rate at 70 beats per minute (bpm) and the current at zero milliampere (mA). Slowly increase the mA until electrical and mechanical capture is achieved as evidenced by a palpable pulse that correlates with the paced heart rate on the monitor.
- 4. If the patient continues to exhibit signs and symptoms of poor or inadequate perfusion, increase the rate by 10 bpm until adequate perfusion is achieved. Maximum rate is 100 bpm.

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